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Reverse Total Shoulder Arthroplasty

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
Phase I **0–6 weeks** GOAL TO ADVANCE *Motion within limits*	Passive in scapular plane: forward flexion 90-120°, ER 20-30° (0° if subscapularis repaired)*. No internal rotation. No extension behind the body	Sling 4-6 weeks except hygiene and exercise	Elbow/wrist/hand ROM; gentle pain-free deltoid and scapular isometrics; ice
Phase II **6–12 weeks** GOAL TO ADVANCE *Active elevation >90-100° without shrug*	Active-assisted from weeks 4-6 → active at week 6, lying down first then upright; gentle IR in scapular plane	None	Deltoid and scapular activation; rhythmic stabilization at week 6; light resistance from week 10†
Phase III **12+ weeks** GOAL TO ADVANCE *Physician clearance*	Progress to full available	None	Deltoid, scapular and cuff strengthening; daily-activity training**

DISLOCATION PRECAUTIONS × 12 weeks: no hand behind back, tucking in shirt, or toilet hygiene with the operated arm. Do not push up from a chair with this arm (many surgeons make this permanent)

NOTES

*With subscapularis repair: ER 0° for 4 weeks, ≤20° until 8 weeks

†Call the office for new focal pain at the top or back of the shoulder blade

**If approved by physician. Long-term: no repetitive overhead lifting; usual limit 10-25 lb

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
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